Governor's Council for People with Disabilities 2008 Community Spirit Awards

Nomination Cover Sheet

Nominations must be postmarked by	Friday, August 15, 2008.	
Please Print		
CANDIDATE:		
ORGANIZATION (if applicable):		
ADDRESS:	CITY:	IN, ZIP:
DAY TELEPHONE: ()	E-MAIL:	
PERSON SUBMITTING NOMINATION:		
ADDRESS:	CITY:	IN, ZIP:
DAY TELEPHONE: ()	E-MAIL:	
Does the candidate know you are nomin	ating them?:	
PLEASE CHECK APPROPRIATE BOX		
Distinguished Leadership Awards:		
☐ Individual with a disability		
☐ Parent of a child with a disabilit	ty	
Disability Awareness Campaign Awar	rds:	
☐ Individual		
☐ Group/Organization		
Attach additional information in accordar	nce with the application guideli	nes and submit to:
COMMUNITY SPIRIT AWARDS		
c/o Governor Council for People v 150 W Market St, Suite 628	with Disabilities	
Indianapolis, IN 46204-2821		
Or e-mail to: bwade@gpcpd.org		
317-232-7770 (phone) 317-233-3712 (fax)		

Guidelines and nomination cover sheets are also available on line at: www.in.gov/gpcpd/

Alternative formats are available on request